



Community Development & Zoning Department

Application and/or Renewal of Home Occupation Permit
Calendar Year: _____

Name: _____

Business Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone : _____

Home Occupation Description: _____

Year Business Established at this Address: _____

Square Feet of Residence Occupied by Business: _____

Number of Non-Resident Employees: _____

Size of Sign in Square Feet: _____

Signature: _____ Date: _____

Please return this completed
application form to:

City of Waverly
Attn: Zoning
200 1st Street NE
PO Box 616
Waverly, IA 50677

For Staff Use Only:

City Zoning District: _____
Complaints/Concerns: _____
Approved By: _____
Date: _____
Permit No: _____
GIS ☐